



CREDIT CARD AUTHORIZATION PAYMENT FORM

**There is a 2.75% convenience fee charge for any debit or credit transaction.*

Student Name _____ School Year 20__ - 20__
 Grade _____

Please complete the information below:

I, _____ authorize Notre Dame High School, Inc.
FULL NAME

to charge my credit card account indicated below the sum of \$ _____.

Breakdown is as follows:

\$ _____ Set tuition rate due every 5th of the month beginning _____
DATE

OR

\$ _____ set tuition rate ONE TIME charge on _____
DATE

Note: Set tuition rate payments are due on the 5th of every month beginning August 5 – May 5 of the school year stated above. I understand that if my card should decline for any reason and payment is not received on the 5th of each month, my account will be charged automatically the **\$50.00 late fee**. Invalid credit card expiration dates may cause your payment to decline. It is your responsibility to inform the Business Office in writing of any changes to you credit card information.

AND / OR Please circle AND or OR

One time charge for incidental(s): \$ _____
 _____ (e.g. Early Registration Fee, Sports Fee, Sports Uniform, T-shirt, etc.)

Account Type: Visa MasterCard
 Card Number: _____ Expiration Date: _____ (MM/YY)
 Cardholder Name (as it appears on card): _____
 Billing address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone Number(s): _____
 Email address: _____

By signing this form you are instructing us to charge your account for the amount indicated, on or after the indicated date.

PRINT NAME: _____

SIGNATURE: _____ Date: _____

PLEASE DO NOT EMAIL.

You may fax to (671)789-4847 or hand-deliver or mail to school.

